



State Approved Private Day Schools

Overview
and
Application Process

Why would a student be sent to a Private Day School?

When the public education agency is unable to provide satisfactory education and services through its own facilities and personnel a student may be placed in an approved Private Day School.

What does it take to be an approved Private Day School?

In order for a Private Special Education School to be approved by the Department for the purpose of contracting with a public education agency, the private facility shall:
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1. Provide **special education instructional programs** for students with disabilities that are at least **comparable to those provided by the public schools of Arizona** and **meet the requirements of IDEA**.

2. Provide the following documentation:

- a. **Policies and procedures** based on IDEA and state statutes;
- b. **Curriculum** that is **aligned with the Arizona Academic Standards**;
- c. A completed **application**;
- d. Copies of all **teacher and related service personnel certifications and licenses**; and
- e. If applicable, a copy of North Central Accreditation.



3. Provide **certificated special education teachers** in **each classroom** to implement the IEPs of those students assigned to that classroom.

4. **Provide related services** to meet the needs of the students as indicated on their IEPs.

5. **Provide administration personnel** such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.

6. Provide an education that **meets the standards** that apply to education provided **by the public education agency**.

7. **Maintain student records** in accordance with the statutory requirements.

8. Accept **all responsibilities concerning instructional programs** to the **disabled student** and **parent or guardian** that are required of the public schools of Arizona. *Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.*

9. Administer all required **statewide assessments** to those students placed in the private facility by a PEA or through the educational voucher system.

10. Maintain adequate **liability insurance**.

11. **Maintain an accounting system and budget** which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.

12. **Maintain an attendance reporting system** that provides public education agencies and the Department with required information

13. Provide notification to contracting **public education agencies and the Department** of any **changes in staff or deletion of programs within 10 school days of the change or deletion.**

14. Provide **notification to** the contracting **PEA** of any **intent to discontinue, suspend, or terminate services** to a student for longer than **10 days**. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.

15. **Permit onsite evaluation** of the program by **the Department or its designees, and the** representatives of the **public education agencies.**

16. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.

Other facts.....

- Applications for a Private Day School must be submitted Annually.
- State approved does not mean state endorsed.
- Agreements to provide services are strictly between the private schools and the public education agency.
- Schools that have been approved are listed on the ADE website: http://www.azed.gov/special-education/files/2013/03/fy2014_approved_day.pdf

PRIVATE SPECIAL EDUCATION SCHOOLS/RESIDENTIAL TREATMENT
CENTERS ANNUAL APPLICATION FOR APPROVAL 2013-2014

Complete all requested information. Retain a copy for your files.

Attach all required documentation.

Mail to:
Eric Edge
Arizona Department of Education
1535 W. Jefferson St.
Bin 24
Phoenix, AZ 85007

SECTION ONE
ADMINISTRATIVE INFORMATION

Corporate Name: _____ Entity CTDS #: _____
Mailing Address: _____ Federal Tax ID: _____
_____ DES/DHS License #: _____
Corporate Contact Name: _____
Phone #: _____ Fax #: _____
Email Address: _____

School Administrator: _____ Title: _____
Phone #: _____ Fax #: _____
Email Address: _____

Check one:

- ☐ **Certified in an administrative area**
**Attach a copy of certification
- ☐ **Certified and experienced in appropriate area of special education**
**Attach a copy of certification and documentation of experience



The application is 6
pages long and can
be found at ADE's
Website:

<http://www.azed.gov/special-education/state-initiatives/approved-private-day-schools/>

Section 1 is
administrative
information

Section 2 – pages 2-3 is the statement of assurances. *(the 16 requirements reviewed earlier in this presentation)*

Section 3 – page 4 lists the categories of disabilities that the school will choose for approval. The applicant **MUST** have staff who are highly qualified to work with the students in that category.

SECTION THREE PROVISION OF SERVICES		
Please check disability categories for which you wish to be approved (approval based on appropriate certification):		
	CATEGORY	TEACHER CERTIFICATION REQUIRED
<input type="checkbox"/>	Autism (A)	Cross-Categorical or LD, ED, or ID (MR) with courses (3 credits) or training (40 hrs) in Autism
<input type="checkbox"/>	Emotional Disability (ED) / (ED-P)	ED, or Cross-Categorical with an additional 20 hours of training in ED.
<input type="checkbox"/>	Hearing Impaired (HI)	HI
<input type="checkbox"/>	Mild Intellectual Disability (MIID)	ID (MR) or Cross-Categorical
<input type="checkbox"/>	Moderate Intellectual Disability (MOID)	ID (MR) or Cross-Categorical
<input type="checkbox"/>	Orthopedic Impairment (OI)	OI or Cross-Categorical
<input type="checkbox"/>	Other Health Impaired (OHI)	OHI or Cross-Categorical + needed healthcare provider
<input type="checkbox"/>	Severe Intellectual Disability (SID)	ID (MR) or Severely And Profoundly Disabled
<input type="checkbox"/>	Specific Learning Disability (SLD)	LD or Cross-Categorical
<input type="checkbox"/>	Speech-Language Impairment (SLI)	Speech And Language Impaired
<input type="checkbox"/>	Traumatic Brain Injury	Certification required for co-occurring disability category
<input type="checkbox"/>	Visually Impaired (VI)	VI
<input type="checkbox"/>	Preschool Severe Delay (PSD)	Early Childhood Special Education
<input type="checkbox"/>	Non-Special Education	Requires submission of North Central Accreditation Certificate
ATTENTION: If you request approval for either of the two following categories, you must identify the contributing categories for which you will provide direct service.		
<input type="checkbox"/>	Multiple Disabilities (MD): <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> OI <input type="checkbox"/> MOID <input type="checkbox"/> MIID <input type="checkbox"/> ED <input type="checkbox"/> SLD.	All Certifications Required For Contributing Categories
<input type="checkbox"/>	Multiple Disabilities-Severe Sensory Impairment (MDSSI): <input type="checkbox"/> Severe HI <input type="checkbox"/> Severe VI <input type="checkbox"/> MOID <input type="checkbox"/> SID <input type="checkbox"/> ED	All Certifications Required For Contributing Categories

Section 4 – page 5 is for school site information, address, grade levels taught etc.

Section 5 – page 6 is where the applicant will list all certified staff and a copy of all teachers certificates must accompany this sheet. *Any staffing additions or deletions must be submitted to the Arizona Department of Education within ten school days of the change.*

SECTION FIVE CERTIFIED STAFF LIST For: 						
Name of Teacher	Special Education Certifications Held (Check all that apply)	Certificate Number	Expiration Date	Change	Date of Change	Administrator Initials
<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> ID(MR) <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	
<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> ID(MR) <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<div style="background-color: #cccccc; height: 1.2em; width: 100%;"></div>	
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Add additional pages as needed

Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.

Program Site Reviews

- Sites are visited annually to insure that Private Schools are following the requirements set forth in R7-2-402
- A.R.S. does state that the home school district is allowed to inspect the private school programs
- Violation of statement of assurances will result in the private school being removed from the state approved private school list

Contact Information



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